

Name
in
Full

Mary E. Ailworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Salisbury		Sticomoco		County		MARYLAND	
Date of death		1905		Sept		Day		5	
Age		33		Years		Months		Days	
Sex		Female		Color or Race		White		Birth-place	
Occupation		Housekeeper		Where Residing if not at place of death		Assa woman			
Married, Single or Widowed		Married		Name of Wife or Husband		Mitchell Ailworth			
Father's Name		Alfred Showard		Father's Birthplace		Va			
Mother's Maiden Name		Showard		Mother's Birthplace		Va			
Name of person giving information		Mitchell Ailworth		How related to deceased		Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Extra uterine pregnancy		How long		4-5 months	
Immediate		Septic due to infection		How long		Four days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. M. Smith	
				Address		Salisbury Md	
Accident or Suicide?		No					

Case was brought to Hospital
after rupture of tube, & upon
opening abdomen a purulent
collection of blood, placenta
&c was found which was
filled with fetid gas —

W. J. W. Drisk

Name

in
Full

CERTIFICATE OF DEATH

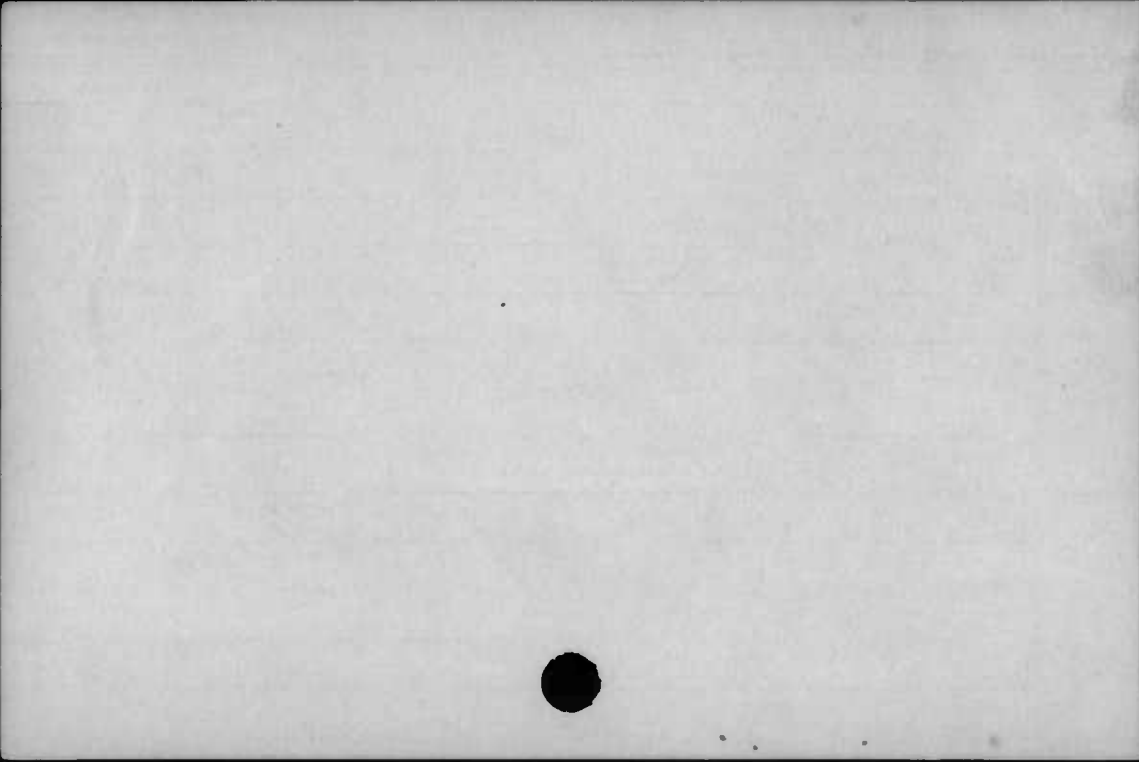
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carl, Bailey</i>		Town <i>Atmel</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Sept</i>	Day <i>5</i>	Age <i>2</i>	Years <i>3</i>	Months <i>8</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Atmel</i>				
Occupation			Where Residing if not at place of death <i>Atmel</i>				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>John R. Bailey</i>				Father's Birthplace <i>Quantico</i>			
Mother's Maiden Name <i>Mrs. Bailey</i>				Mother's Birthplace <i>Alam</i>			
Name of person giving information <i>Fallie, Jackson</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>A. D. Leabreane</i>	Address <i>Mardela Spgs Md</i>
Accident or Suicide?	



Name
in
Full

Geo. Norman Ball

CERTIFICATE OF DEATH

TO BE ANSWERED BY
• NEAREST FRIEND

Died at		Town	County		MARYLAND	
Salisbury			Wicomico			
Date of death	1905	Month	Day	Age	Years	Months
		Sept.	18 th	23		3
Sex	Male	Color or Race	White	Birthplace	Salisbury Md.	
Occupation	Salesman			Where Residing if not at place of death	at his fathers home	
Married, Single or Widowed	single			Name of Wife or Husband		
Father's Name	James E. Ball			Father's Birthplace	Wicomico Co. Md.	
Mother's Maiden Name	Theodora F. Truitt			Mother's Birthplace	" " "	
Name of person giving information	James E. Ball			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	10 weeks
Immediate	Collapse & heart failure	How long	Few hours
Are the name, age, sex, color, date, and place correctly given above?		Signature of Physician	Louis W. Davis M.D.
yes		Address	Salisbury Md
Accident or Suicide?			

Name
in
Full

CERTIFICATE OF DEATH

Infant of Ernest Bounds

Town

County

MARYLAND

Died at

Siloam

Wicomico

Date

of death

1905

Sept

4th

Age

Years

Months

Days

5

Sex

Male

Color or
Race

White

Birth-
place

Siloam

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Ernest Bounds

Father's
Birthplace

Siloam Md.

Mother's
Maiden Name

Maybelle Bounds

Mother's
Birthplace

" "

Name of person giving
Information

Ernest Bounds

How related
to deceased

Father

CAUSES OF DEATH

Primary

There was no doctor attending.

How long

Immediate

Very weak and feeble from birth

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of

Geo. E. Hill

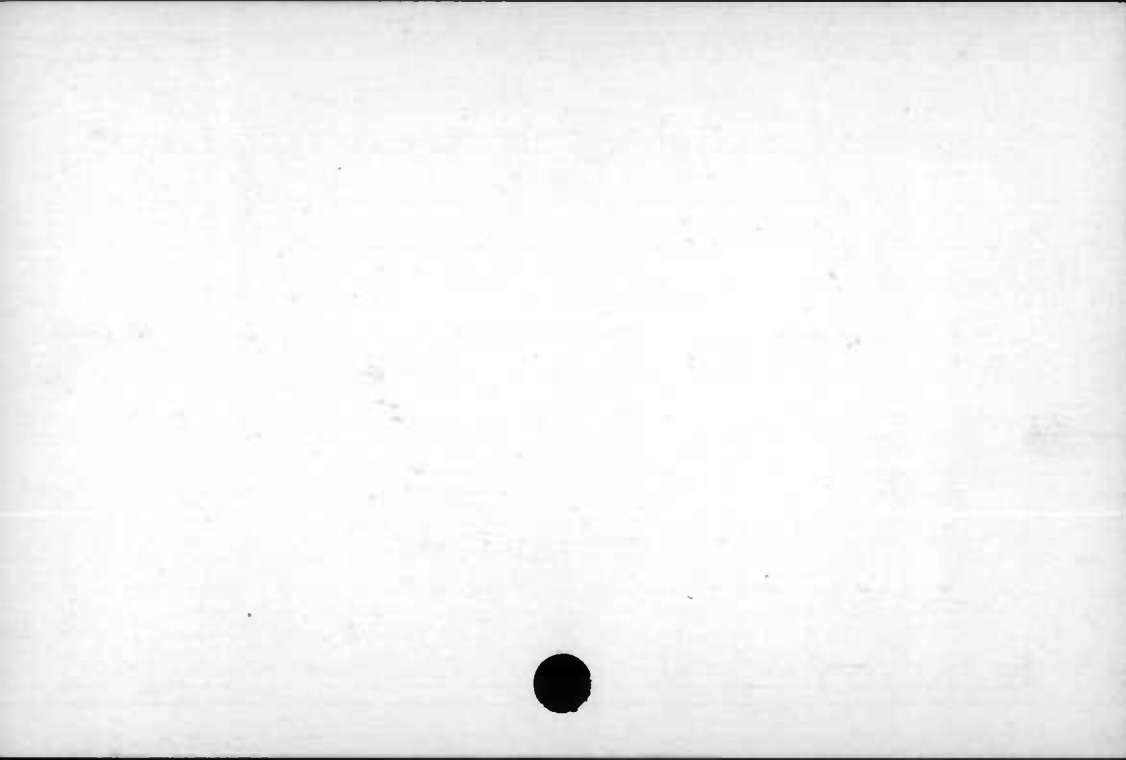
Address

Undertaker

Salisbury Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

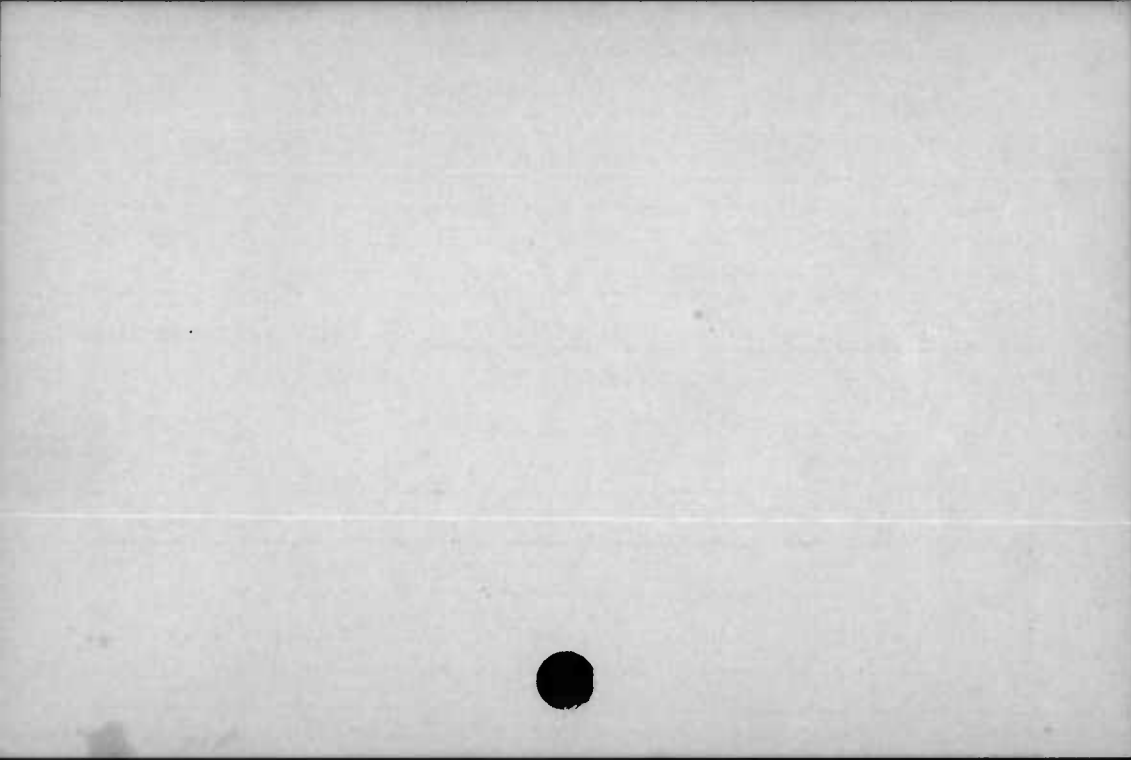
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town} <i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>Sept.</i> ^{Day} <i>7th</i> ^{Years} <i>12</i> ^{Months} <i>2</i> ^{Days} <i>5</i>			
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Berlin Md.</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>Salisbury Md.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>~~~~~</i>		
Father's Name <i>William Brittingham</i>	Father's Birthplace <i>Berlin Md.</i>		
Mother's Maiden Name <i>Frances Fossitt</i>	Mother's Birthplace <i>Canada</i>		
Name of person giving information <i>Francis Brittingham</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>	How long <i>about, week</i>
Immediate <i>Convulsions</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. H. Lode</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant no name Burris (M. L.)

Town Salisbury County Wicomico

Died at Salisbury

Month 5 Day 1

Date of death 1905

Age 9 Months 9 Days

Sex male Color or Race B

Birth-place Salisbury Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name S James Burris

Father's Birthplace Md

Mother's Maiden Name Lizzie Pinckett

Mother's Birthplace Md

Name of person giving information S James Burris

How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Infantile lock jaw

How long 2 - days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

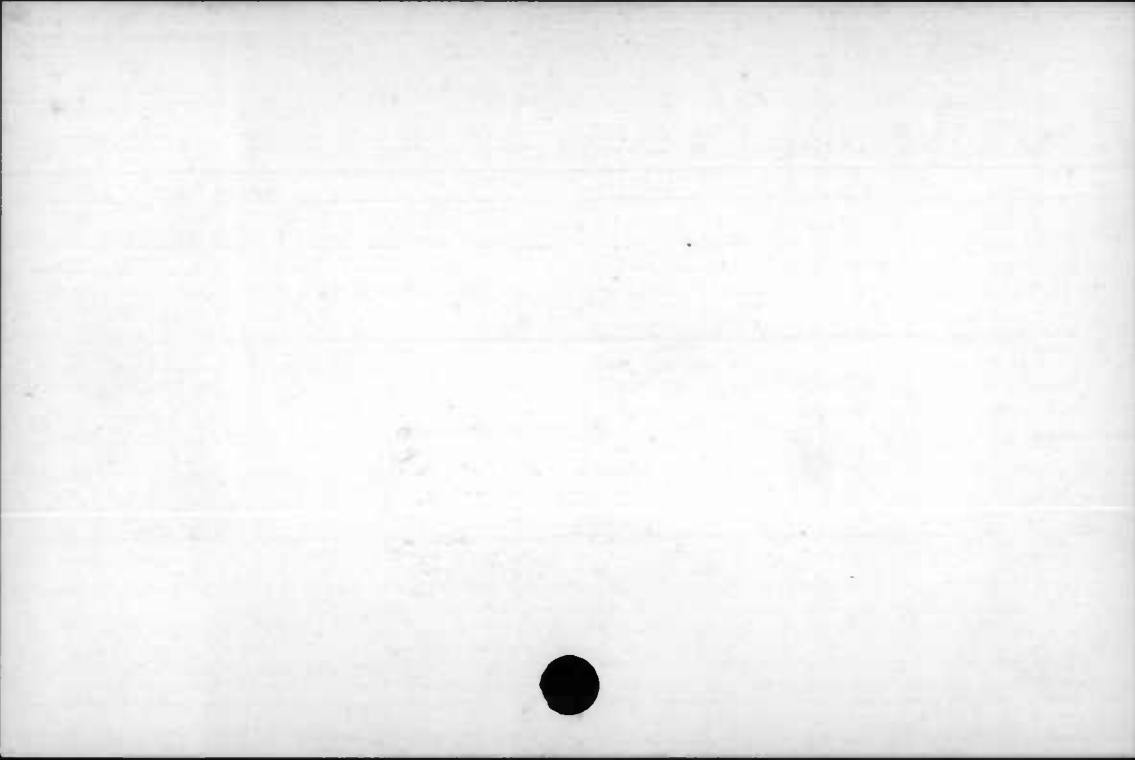
Address

W C Hallaway & Co

Salisbury Md

Undertakers

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

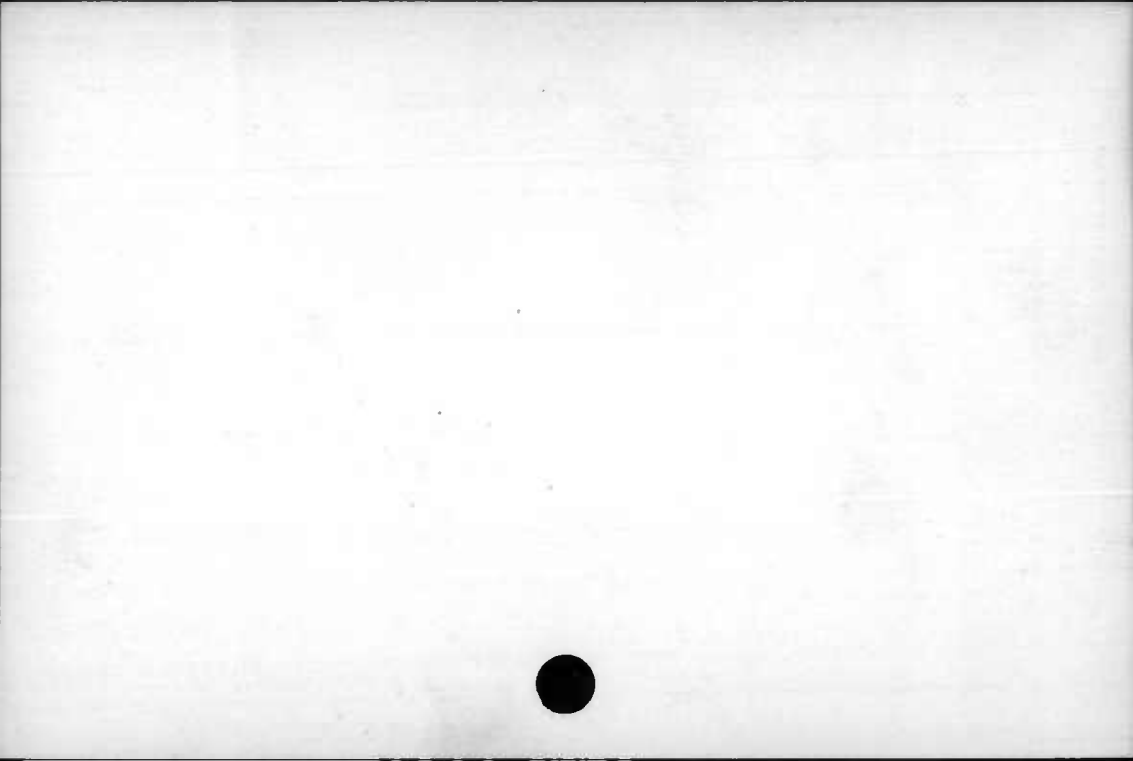
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Georgia J Cornish</i>		Town <i>Rockaway</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Month <i>Sept</i>		Day <i>11</i>		Years <i>8</i>	
Date of death <i>1905</i>		Age		Months		Days	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>MD</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Washington W Cornish</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Sallie Furr</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>George W Cornish</i>		How related to deceased <i>Grand Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>gathering in heart</i>	How long	<i>most of life</i>
Immediate	<i>Do not know</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W C Holloway & Co</i>
		Address	<i>Salisbury MD</i>
Accident or Suicide?	<i>no</i>		<i>Undertakers</i>



Name
in
Full

Cornelius Washiell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Salisbury* TownCounty *Wicomico*

MARYLAND

Date of death *1905* Month *Sept*Day *30*Age *16* YearsMonths *11*Days *4*Sex *Female*Color or
Race*Black*Birth-
place*Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Rayfield Washiell*Father's
Birthplace*Md*Mother's
Maiden Name*Emily Dickerson*Mother's
Birthplace*Md*Name of person giving
In formation*Rayfield Washiell*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Caught cold after confinement How long *3 mos*

Immediate

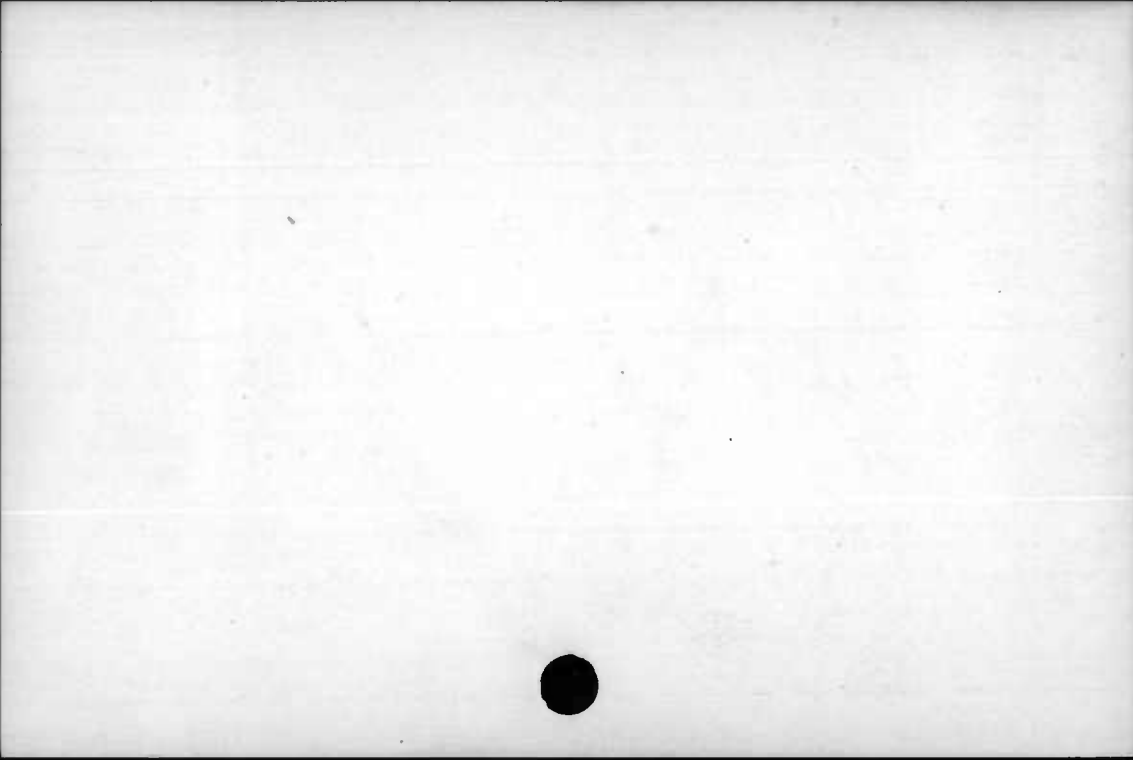
Don not know How long *10 days*Are the name, age, sex, color, date
and place correctly given above?*Think so*Signature of
Physician*W C Hollaway & Co*

Address

*Had no doctor**Salisbury Md*

Accident or Suicide?

*no**Undertaker*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Salisbury</i> Town <i>Salisbury</i> County <i>Wicomico</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept.</i>	Day <i>8th</i>	Age <i>80</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>near Salisbury Md.</i>	Months <i>3</i> Days <i>5</i>
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>near Salisbury Md.</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Willie Dykes</i>		
Father's Name <i>Peter Dykes</i>	Father's Birthplace <i>Near Salisbury Md.</i>		
Mother's Maiden Name <i>Molly Pryor</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Alfred C. Dykes</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cystitis (Large Prostate)</i>	How long <i>Several Years</i>
Immediate <i>Exhaustion (Hic-Coughs)</i>	How long <i>For 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. W. Lohr</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

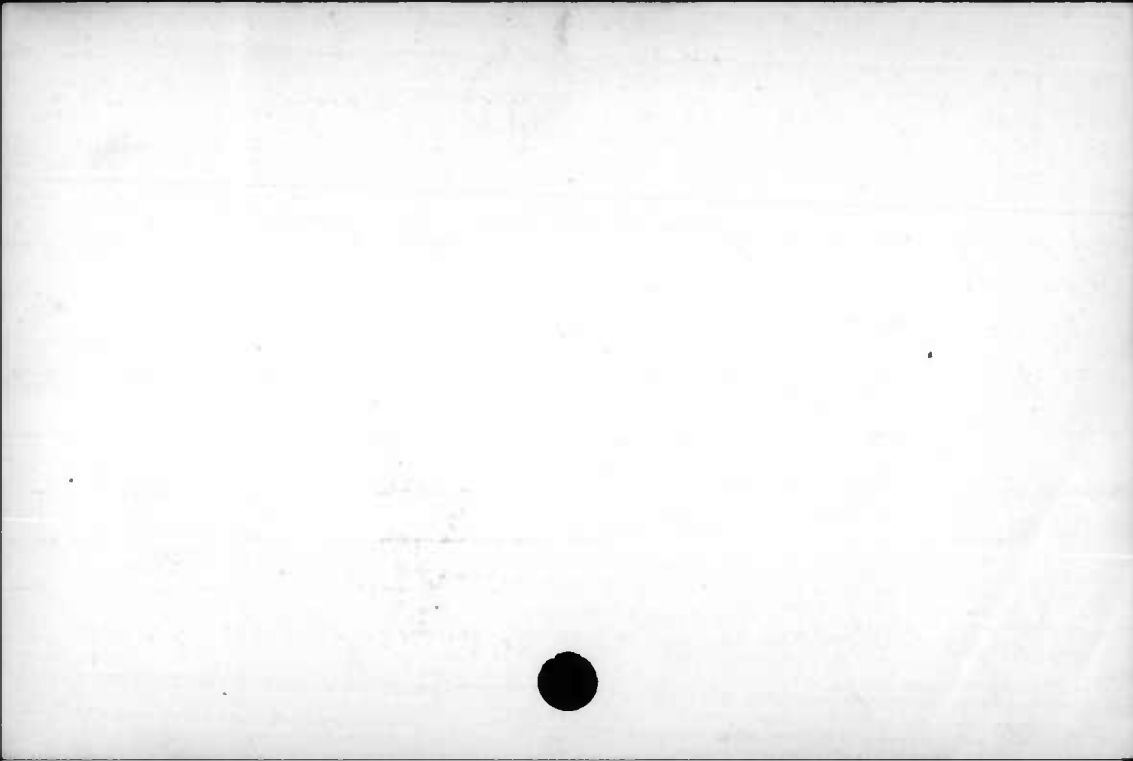
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept.</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Salisbury Md</i>				
Occupation <i>Infant</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband				
Father's Name <i>Harry P. Elzey</i>			Father's Birthplace				
Mother's Maiden Name <i>Mary Tubbs</i>			Mother's Birthplace				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro-intestinal Infection</i>	How long <i>3 weeks</i>
Immediate <i>Malnutrition & Severe Emaciation</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Louis W. Vernon, M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name

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CERTIFICATE OF DEATH

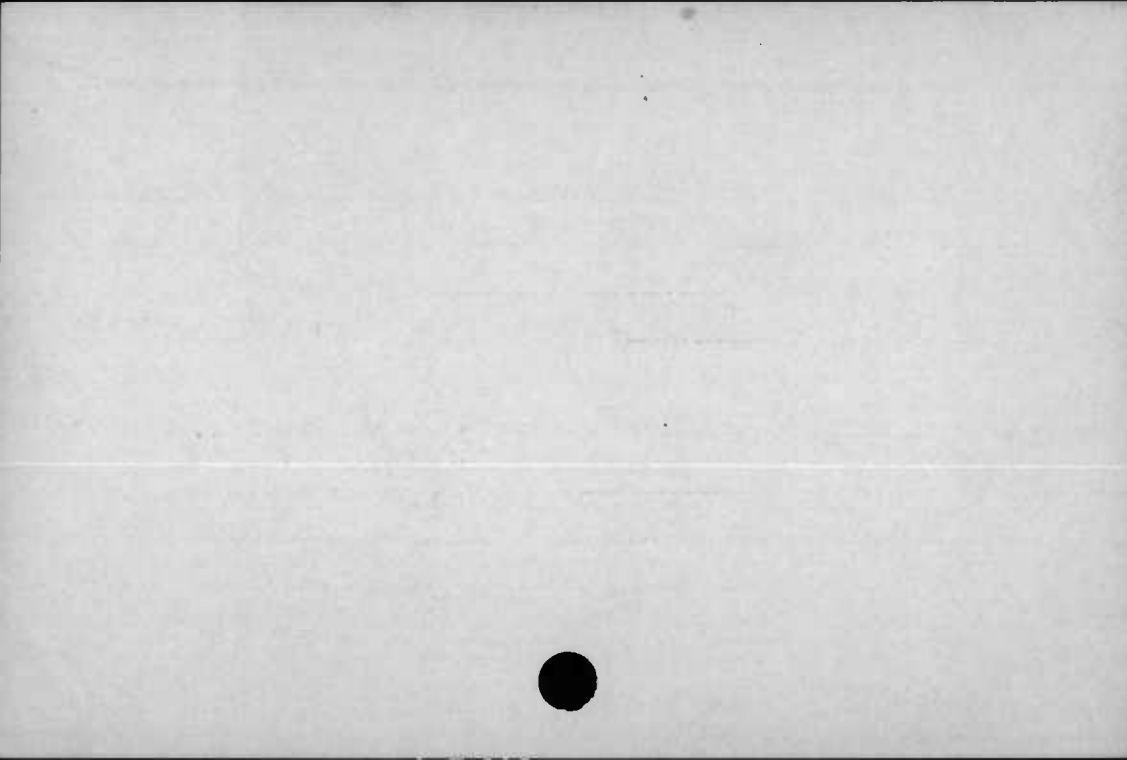
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Ferry</i>		Town <i>Upper Ferry</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Sept</i>	Day	<i>16</i>	Age	<i>Years</i>
						Months	<i>Three</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Wicomico Co. Md.</i>
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband			
Father's Name		<i>James Fitzgerald</i>				Father's Birthplace	
						<i>Wicomico Co. Md.</i>	
Mother's Maiden Name		<i>Alice Ingersoll</i>				Mother's Birthplace	
						<i>" " "</i>	
Name of person giving information		<i>James Fitzgerald</i>				How related to deceased	
						<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Had no doctor</i>	How long	<i>179</i>
Immediate	<i>I don't know</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Geo. C. Hill</i>	
		Address	
		<i>Undertaker</i>	
		<i>Salisbury Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Blair E. Hastings</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>Sept</i>		Day <i>12</i>		Age <i>17</i>	
Date of death <i>1904</i>		Month <i>Sept</i>		Day <i>12</i>		Age <i>17</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Salisbury</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry Hastings</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Florence Crouch</i>		Mother's Birthplace <i>Salisbury</i>					
Name of person giving information <i>Anna Crouch</i>		How related to deceased <i>Grandmother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro-Intestinal Infection</i>		How long <i>Several weeks</i>	
Immediate <i>Manitum</i>		How long <i>Several days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. M. Clemons M.D.</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

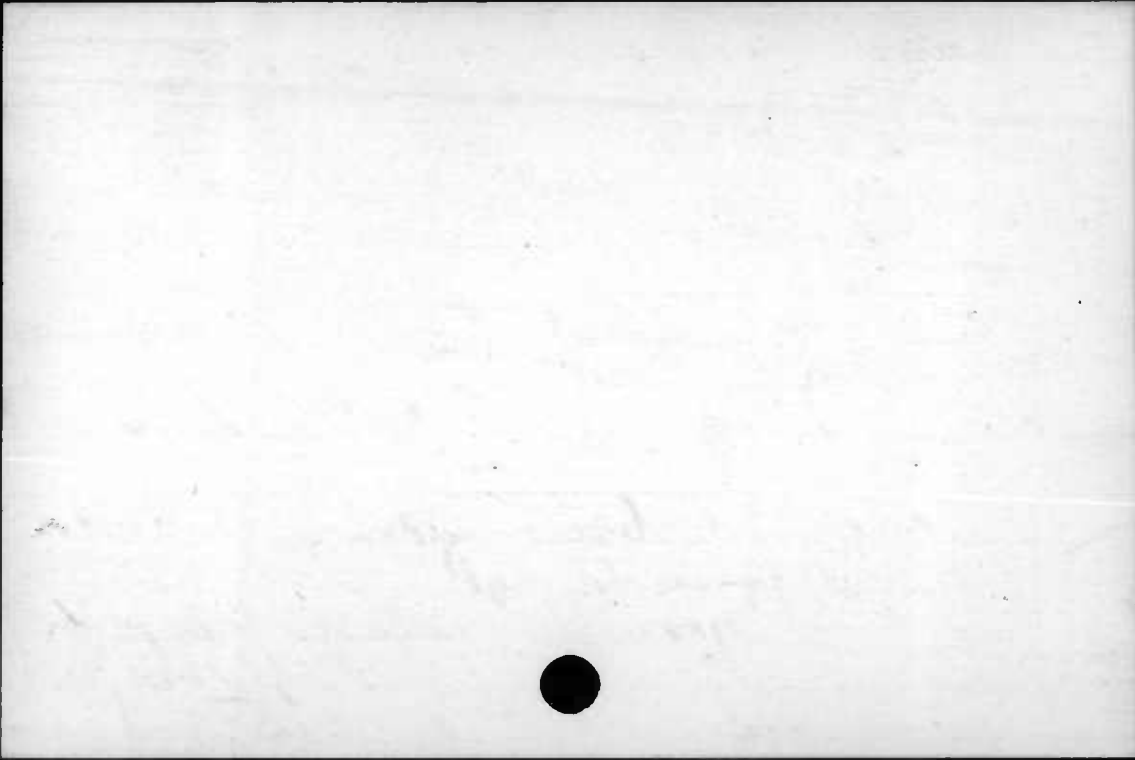
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Sept.</i> ^{Month}	<i>3rd</i> ^{Day}	Age <i>17</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co., Md.</i>		
Occupation <i>Farm work</i>	Where Residing if not at place of death <i>In Worcester Co., " "</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>J. J. Howard</i>	Father's Birthplace <i>Worcester Co., Md.</i>				
Mother's Maiden Name <i>Emma Henderson</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>H. P. Merrill</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>5 weeks</i>
Immediate <i>meningitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Deak</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>	



Name
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Full

CERTIFICATE OF DEATH

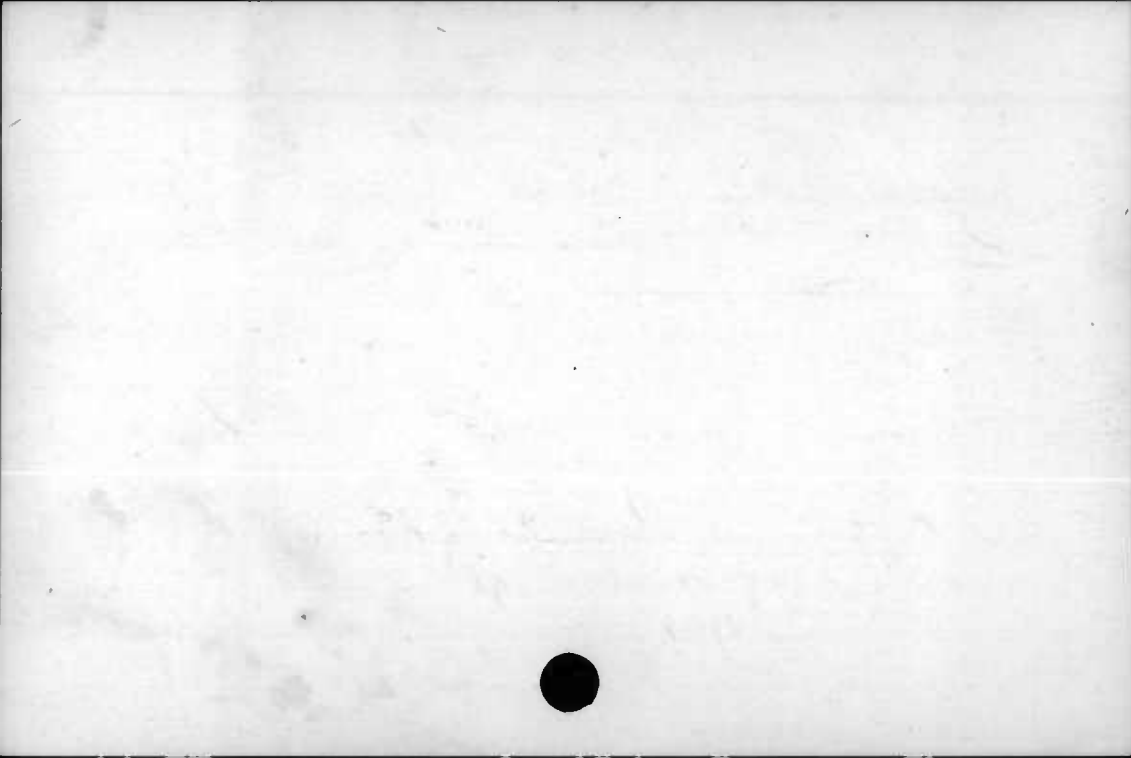
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph P. Huston</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>Sept</i>		Day <i>7</i>		Years <i>77</i>	
Date of death <i>1905</i>		Months <i>4</i>		Days <i>4</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Samuel P. Huston</i>		Father's Birthplace					
Mother's Maiden Name <i>Patty Wills</i>		Mother's Birthplace					
Name of person giving information <i>Philip S. Huston</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>a general breaking down</i>		How long <i>1 year</i>	
Immediate <i>Suppose old age</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. C. Hallaway & Co</i>	
		Address <i>Salisbury MD</i>	
Accident or Suicide? <i>no</i>		<i>Amputation</i>	



Name
in
Full

William Wirt Leonard, Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury <small>Town</small>		Wicomico <small>County</small>		MARYLAND	
Date of death	1905 <small>Year</small>	Sept <small>Month</small>	13th <small>Day</small>	Age 10 <small>Years</small>	28 <small>Months</small>
Sex Male	Color or Race White	Birth-place Salisbury			
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name Wm. Wirt Leonard			Father's Birthplace Salisbury		
Mother's Maiden Name Hellie McBozde Jackson			Mother's Birthplace Salisbury		
Name of person giving information W. W. Leonard			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Indigestion	How long 3 months
Immediate Exhaustion from lack of nutrition	How long few weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. J. O'Dick
	Address Salisbury, Md
Accident or Suicide? No	(10-11)

I saw this patient 15 min. before
death with Dr. J. A. Luntz of
Baltimore who had attended him
since July 4-05. It is impossible
to procure certificate from Dr.
Luntz in time for burial; there-
fore I have filled it.

J. W. Dick M.D.

Name
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CERTIFICATE OF DEATH

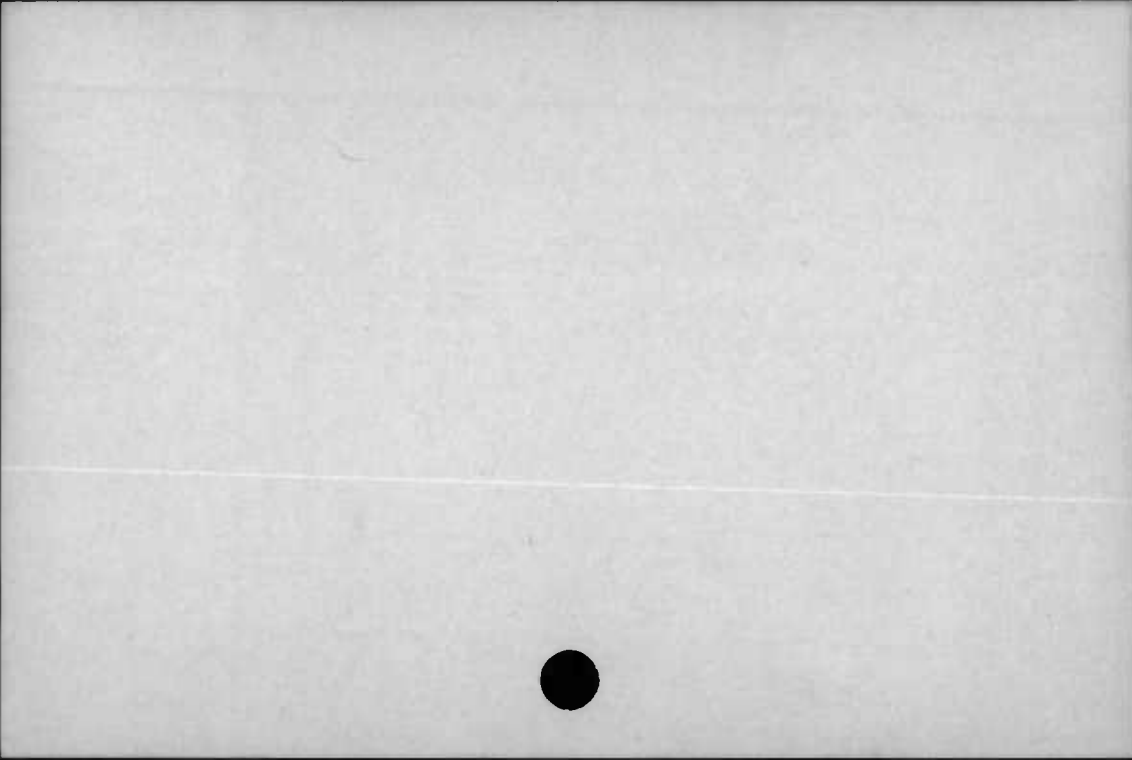
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marshfield</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>September</i>	Day <i>14</i>	Years <i>20</i>	Months <i>9</i> Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Jersey City</i>		
Occupation <i>Merchant</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Joseph D. McLaughlin</i>	Father's Birthplace <i>New Jersey</i>				
Mother's Maiden Name <i>Jennie Malone</i>	Mother's Birthplace <i>Wicomico Co.</i>				
Name of person giving information <i>Elizabeth Malone</i>	How related to deceased <i>Aunt</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>1 year or more</i>
Immediate <i>Hemorrhage from lungs</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Monahan</i>
	Address <i>Onilburg Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *George W Records* Town *Salisbury* County *Wicomico*

Died at *Salisbury* Date of death *1905* Month *Sept* Day *16* Age *47* Years Months *8* Days *14*

Sex *male* Color or Race *White* Birth-place *Del*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or *Widowed*Name of Wife or
Husband _____Father's Name *William D Records*Father's Birthplace *Del*Mother's Maiden Name *Nancy Truitt*Mother's Birthplace *Del*Name of person giving
In formation *Willie Records*How related to deceased *Sister in law*

CAUSES OF DEATH

Primary *Alcoholism (accompanied with Rheumatic heart)*How long *several years*Immediate *Collopy*How long *about 7 hours*Are the name, age, sex, color, date and place correctly given above? *I think so*

Signature of Physician

Geo. W. Todd

Address

Salisbury Md

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept.</i>	Day <i>seventh</i>	Age <i>44</i>	Years <i>10</i>	Months <i>27</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Quinton Md</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>J. Elliott Richardson</i>				
Father's Name <i>Wm. S. Baker</i>			Father's Birthplace <i>Wicomico</i>				
Mother's Maiden Name <i>Isabel J. Baker</i>			Mother's Birthplace <i>Salisbury</i>				
Name of person giving information <i>Elis B. Baker</i>			How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Eighteen months</i>
Immediate <i>General Emaciation & Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Louis W. Morris M.D.</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



TO BE ANSWERED BY
NEAREST FRIEND

Thomas F. J. Rider

Town *Salisbury Md.* County *Micouise* MARYLAND

Died at *Gen. Lee Hospital*

Date of death *1905* Month *Sept.* Day *13th* Age *69* Years Months *7* Days *10*

Sex *Male* Color or Race *White* Birth-place *Micouise Co.,*

Occupation *Lumber* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of Wife or Husband *Josephine Amanda Goodwine*

Father's Name *Charles Rider* Father's Birthplace *Micouise Co.,*

Mother's Maiden Name *Ann Riddle* Mother's Birthplace *Dorchester Co.,*

Name of person giving information *Mary R. Rider* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

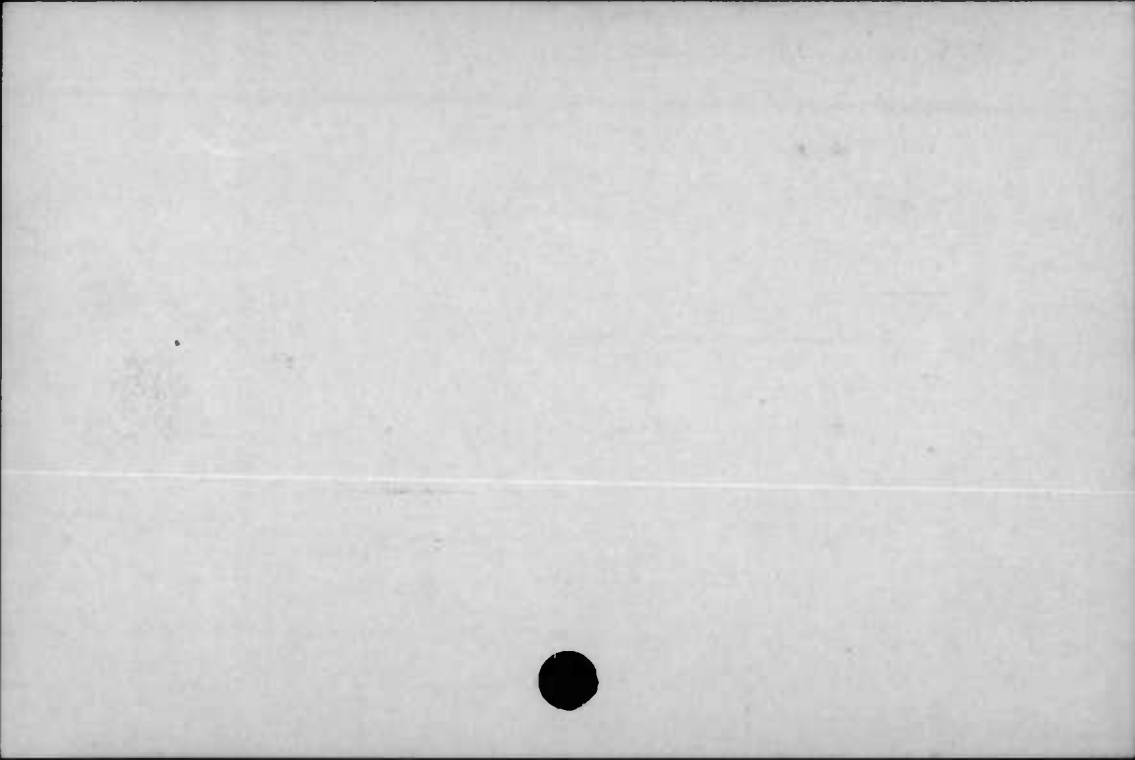
Primary *Prostatic Congestion* How long *2 1/2 weeks*

Immediate *Usual signs and symptoms* How long *2 1/2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. H. Humphreys,*

Address *Salisbury, Md.*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

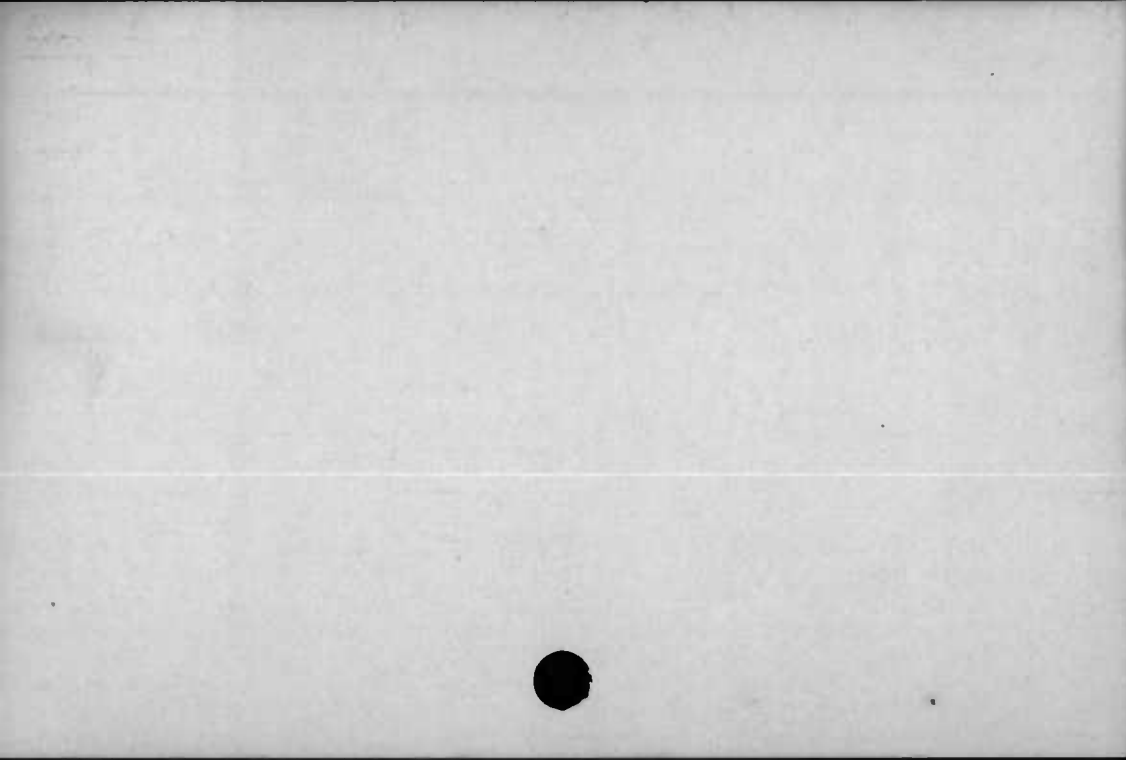
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>Sept</i> <small>Month</small>	<i>11th</i> <small>Day</small>	Age <i>87</i> <small>Years</small>	<i>7</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Worcester Co. Md.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Worcester Co. Md.</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary A. Reddish</i>				
Father's Name <i>_____</i>	Father's Birthplace <i>Worcester Co. Md.</i>				
Mother's Maiden Name <i>_____</i>	Mother's Birthplace <i>_____</i>				
Name of person giving information <i>John W. Sirmar</i>	How related to deceased <i>Son in Law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia Paralytica</i>	How long <i>1 year or more</i>
Immediate <i>_____</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. McCombs</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

William E. Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hebron</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Year</small>	<i>Sept.</i> <small>Month</small>	<i>23</i> <small>Day</small>	Age <i>9</i> <small>Years</small>	<i>0</i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hebron Md.</i>		
Occupation			Where Residing if not at place of death <i>At Hebron</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace <i>Worcester Co. Md.</i>		
Mother's Maiden Name <i>Phillis J. Bradley</i>			Mother's Birthplace <i>Wicomico Co. Md.</i>		
Name of person giving information <i>John E. Townsend</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long
Immediate <i>Relapse of typhoid fever</i>	How long <i>7 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. C. Cornaway</i>
	Address <i>Hebron Md.</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

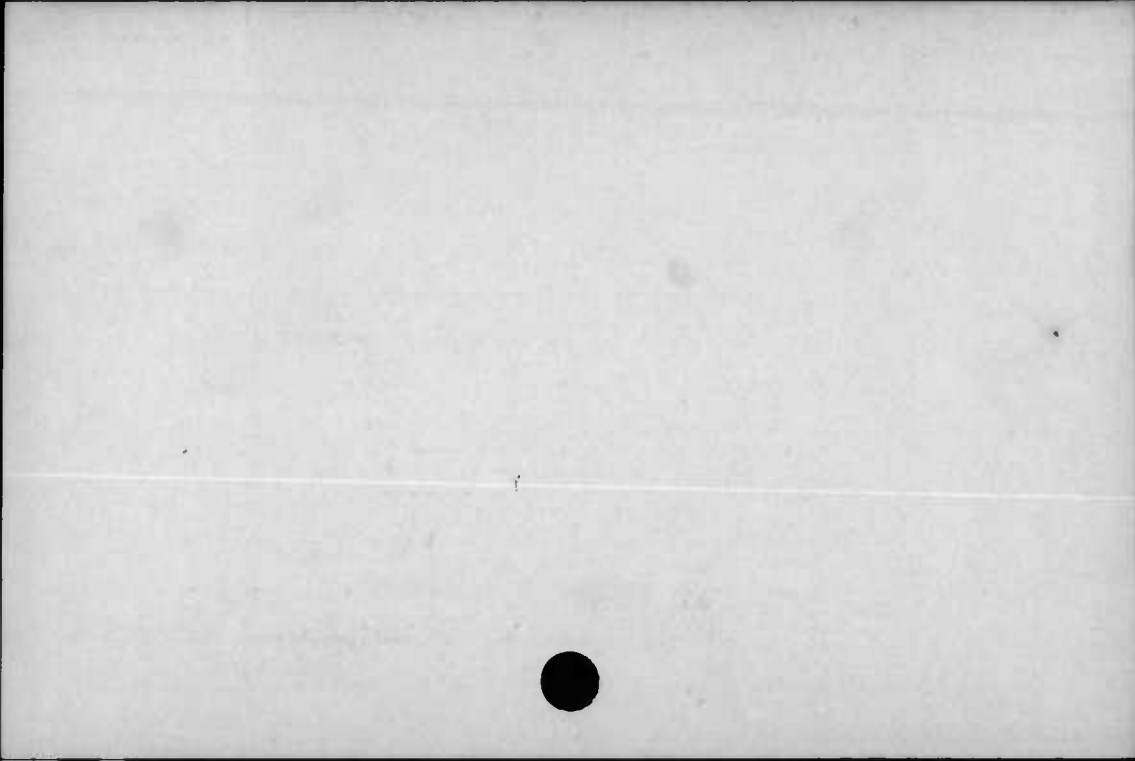
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Sept</i> ^{Month}	<i>5th</i> ^{Day}	<i>72</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married <i>Single</i> Widowed		Name of Wife or Husband <i>A. E. Smith</i>			
Father's Name <i>John Thorngate</i>		Father's Birthplace <i>Del</i>			
Mother's Maiden Name <i>Messink</i>		Mother's Birthplace <i>Del</i>			
Name of person giving information <i>C. R. Smith</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma</i>	How long <i>3 1/2 to 8 mo</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. R. Smith</i>
	Address <i>Salisbury</i>
Accident or Suicide? <i>mg</i>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jesse Waters* Town *Trappist new, Allen Wicomico* County

Died at *Trappist new, Allen Wicomico*

Date of death *1905* Month *Sept* Day *3* Age *94* Years Months Days

Sex *male* Color or Race *Black* Birth-place *Id*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name *Wife or* *Betsy Waters*

Father's Name *Don't know* Father's Birthplace _____

Mother's Maiden Name *Don't know* Mother's Birthplace _____

Name of person giving information *A C Noble* How related to deceased *Son in law*

CAUSES OF DEATH

Primary *Supposed old age* How long *154*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D C Hallomeny & Co*

Address *Salisbury Md*

Accident or Suicide? *no*

Undertakers

